

APPLICATION FOR SUBDIVISION PLAN REVIEW Logan Township, Blair County

Date			
Name of Subdivision:			
Owner / Applicant Name:			
Address:			
Phone:	Fax:	E-Mail:	
Location of Subdivision:			
Tax Parcel Number:		Zoning:	
Area of Site:	Number	of Lots:	
Plan Prepared By:			
Phone:	Fax:	E-Mail:	
Contact Person Responsible f	or Plan Proces	ssing:	
Name / Company:			
Address:			
Phone:	Fax:	E-Mail:	
Signature:		Title:	
Check One: Preliminary Plan: On-site Sewer:		Final Plan:Off-site Sewer:	
Public Road:		Private Road:	
Contact Information for Depos	sit / Escrow:		
Contact Person/Company:		Phone:	
Address:		Fax:	
Date Plans Received by Towns Date Plan Fee Paid: Escrow Fee Paid:		Amount:	

Owner / applicant must submit five (5) sets of plans for the above referenced development at the time of submission of this application, along with the appropriate filing fee in order for the Township of Logan to process this application. Owner / applicant acknowledges that the owner may be required to submit revisions to the plans submitted in order for approval of the plans by the Township to occur. Owner / applicant further acknowledges that the plans for the above referenced development must comply with all applicable Township of Logan ordinances and all other applicable laws in order for the Township of Logan to grant approval to the plans.

NO CONSTRUCTION OF ANY TYPE SHALL TAKE PLACE PRIOR TO APPROVAL OF THE PLANS SUBMITTED BY THE TOWNSHIP OF LOGAN.

Witness:	Owner / Applicant (individual)
Witness:	Owner / Applicant (corporation)
Witness:	Owner / Applicant (partnership)
Witness:	Owner / Applicant (limited partnership)

If the applicant is submitting the application and plans on behalf of the owner, an empowerment form must be completed and submitted to the Township with this application.